

Exhibit E

Form
A 19-1A
(Rev. 5/91)

Vendor / Claimant (Warrant is to be payable to)	
1	Washington Community College 999 West Oak Street Seattle, WA 99901
Agency Name	
2	Higher Education Coordinating Board Displaced Homemaker Program PO Box 43430 Olympia, WA 98504-3430

AGENCY USE ONLY			
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.	
3430		05-1AXX	4

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY	5	
	(SIGN IN INK)	
Fiscal Officer	6	4/5/2004
(TITLE)		(DATE)

[illegible]